



AMENDMENT	Application #	10/518,900
	Confirmation #	6600
	Filing Date	09/27/2005
	First Inventor	SAMSON, I.
	Art Unit	3767
	Examiner	E. Macneill
	Docket #	P08517US00/RFH

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Responsive to the Office Action mailed on August 30, 2006:

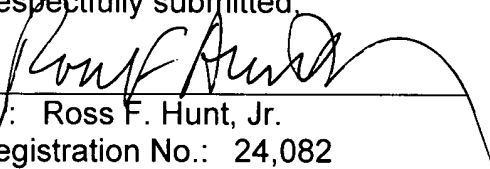
- A) please consider the responsive **Remarks** provided herewith in **Attachment A**; and
B) please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is respectfully submitted that the application is now in condition for allowance.

Respectfully submitted,

Date: September 26, 2006


By: Ross F. Hunt, Jr.
Registration No.: 24,082

STITES & HARBISON PLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
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IFW

Customized PTO/SB/21 (07-06)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	10/518,900
	Confirmation #	6600
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	First Inventor	SAMSON, I.
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Total number of pages in this submission =	Docket #	P08517US00/RFH

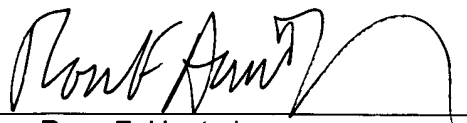
ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachment(s) <input type="checkbox"/> After Final Amendment/Reply <input type="checkbox"/> including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input type="checkbox"/> TOTAL CLAIMS	20	- 20		X \$ 50 =	
<input type="checkbox"/> INDEPENDENT CLAIMS	1	- 3		X \$ 200 =	
TOTAL OF ABOVE CLAIMS FEES =					
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					0

☐ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$0 is enclosed.

- ☒ The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
 - (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: September 26, 2006


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Registration No.: 24,082

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